

BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVENUE
BOSTON, MA 02118
(617) 635-5326
FAX (617) 635-5388

TEMPORARY FOOD SERVICE APPLICATION

NAME OF APPLICANT: _____ PHONE # _____

NAME OF OWNER (If different): _____

ADDRESS OF APPLICANT: _____

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

SPECIFY DATES & TIMES OF EVENT: _____

SIGNATURE OF APPLICANT: _____

FOOD TO BE SERVED:

LIST ALL FOOD THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED:

PREPARATION/COOKING FACILITIES:

ON SITE: YES ___ NO ___, IF YES, DESCRIBE FACILITIES AND EQUIPMENT _____

OFF SITE: YES ___ NO ___ IF YES, WHERE? _____

TYPE OF TABLEWARE: PAPER PRODUCTS _____ CHINA _____

DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:

FOOD PROTECTION

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140° F OR ABOVE),
COLD (45° F OR BELOW): _____

REFRIGERATION: REQUIRED _____ NOT REQUIRED _____

METHOD OF REFRIGERATION: _____

TYPE OF COOKING/HOT HOLDING EQUIPMENT: _____

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION,
STORAGE AND DISPLAY: _____

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: _____

PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES: ____ NO: ____

DISPOSABLE GLOVES PROVIDED: YES: ____ NO: ____

OFFICE USE ONLY:

INSPECTOR'S RECOMMENDATIONS: _____

ACTION TAKEN: PERMIT DENIED: ____ REASON FOR DENIAL: _____

PERMIT GRANTED: ____ CONDITIONS: _____

INSPECTOR: _____ DATE: _____

